California Antibiogram Project

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Outline

- Antibiograms
- Rationale and Limitations to Statewide Antimicrobial Susceptibility Monitoring
- · California Antibiogram Project
 - Objectives
 - Information collected
 - How to participate
- Preparation of a Cumulative Antibiogram at the Local Level
- Questions?



Antibiograms: Acute Care

- Required annually by The Joint Commission for acute care hospitals
- Table that lists commonly encountered organisms and the percentages of each that are susceptible to various antimicrobial agents that might be used in treating infections caused by those organisms
- Derived from cumulative antimicrobial susceptibility data from clinical cultures
 - Guide for empiric therapy
 - Monitor susceptibility trends



Antibiograms: Long-Term Care

- Laboratories servicing long-term care facilities can develop if requested
- Best practice: one SoCal hospital develops and utilizes nursing homespecific antibiograms
- Previous California regional antibiogram data has been very useful for nursing homes without susceptibility data



Local Antibiograms

- · Caveats:
 - Not well distributed
 - Not well utilized
 - No opportunity to benchmark and compare resistance with other institutions



Rationale for Statewide Monitoring of Antimicrobial Resistance

- · Monitor susceptibility trends
- · Raise awareness of resistance problems
- Identify opportunities to reduce inappropriate antimicrobial use
- Measure success of recommendations and interventions designed to combat resistance
- Identify opportunities to develop better tests to detect and characterize drug-resistant organisms



Rationale for Statewide Monitoring of Antimicrobial Resistance

- Be prepared for introduction of new resistant organisms that may be associated with institutional and community outbreaks and individual cases of severe illness
- Develop recommendations to assist local health departments in the control and spread of drug-resistant organisms



Options for Obtaining Antimicrobial Resistance Data at the State Level

- · Active surveillance
 - Collect actual isolates for susceptibility testing in reference laboratory
- Aggregate cumulative antibiogram data
 - Collect cumulative antibiograms from individual clinical laboratories
 - Calculate % Susceptible from aggregate data



Advantages of Aggregated Cumulative Antibiogram Data

- Feasible, inexpensive, relatively rapid, and relatively accurate
- Relatively small burden for clinical laboratory personnel; minimal additional work for local and state health departments



Disadvantages of Aggregated Cumulative Antibiogram Data

- Resistance identified in population served by individual hospital may not reflect resistance in surrounding areas
- Does not allow evaluation by age or other variables of interest such as race or gender
- Lack of patient- and case- specific data eliminates opportunity for more in-depth analyses

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Accuracy of Aggregated Cumulative Antibiogram Data

- Studies have compared aggregated cumulative antibiogram data vs. active surveillance
- Both appear to provide accurate estimates of prevalence of drug-resistant S. pneumoniae*
- Results can be improved by attaining consistency among facilities by following CLSI guidelines





California Antibiogram Project

- 48 laboratories representing 79 hospitals contributed data from 2007
- · State and regional antibiograms compiled
- Publicly posted
- · Lost support in 2009

12 http://www.cdph.ca.gov/programs/hai/Pages/CaliforniaAntibiogramProject2007.aspx



Revival of California Antibiogram Project

- · HAI Program
- · All hospitals are eligible to participate
- · Web-based data entry only
 - Data outside of the standard format will not be accepted
- · 2008-2010
 - May take 30 minutes to fill out
 - Any yearly portion will be accepted



Revival of California Antibiogram Project

- Specific organism-antimicrobials combinations
 - 7 organisms and 21 antimicrobial classes
 - All specimen sites (blood, urine, wound not separated)
 - Clinical and Laboratory Standards Institute (CLSI) guidelines
 - Information on how isolates were collected





Organism—Antimicrobial Combinations Organism Drugs Enterococcus spp. Vancomycin Staphylococcus aureus Clindamycin Tetracycline or Doxycycline or Minocycline Trimetroprimsulfamethoxazole Rifampin Klebsielia spp. Ceftiaxone or Cefotaxime Imperem or Meropenem or Doripenem Escherichia coli Ceftiaxone or Cefotaxime Cliprofloxacin or Levofloxacin Enterobacter cloacae Cefepime Ciprofloxacin or Levofloxacin Cefepime Acinetobacter baumannii Pseudonoas aerugirosa Unipenem or Meropenem or Doripenem Ciprofloxacin or Levofloxacin Cefepime Pseudonoas aerugirosa Ciprofloxacin or Levofloxacin Certazoline Imipenem or Meropenem or Doripenem Ciprofloxacin or Levofloxacin Certazoline Imipenem or Meropenem or Doripenem Ciprofloxacin or Levofloxacin Certazoline Certazoline Certazoline Certazoline Certazoline Piperacillini/Intazobactar

Revival of California Antibiogram Project

- Carbapenem resistant Enterobacteriaceae (CRE) and Extended-spectrum βlactamases (ESBLs)
- Trend 2007-2010 will be extremely useful
- Statewide data will be posted on CDPH HAI Program website

¹⁶ http://www.cdph.ca.gov/programs/hai/Pages/CaliforniaAntibiogramProject.aspx



How to Participate

- www.surveymonkey.com/s/CaliforniaAntibiogramProject
- · Personal identifiers optional
- · Hospital characteristics required
- Enter data annually
- Please ensure only one person from your hospital participates
- · Deadline: October 31, 2011

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Additional Participants

- · Please pass along to others
 - Need representative sample of hospitals to make this useful for all
- Additional information for registration/participation posted on website

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Questions/Comments

Please email:

 $\underline{CDPHCaliforniaAntibiogramProject@cdph.ca.gov}$

Visit:

http://www.cdph.ca.gov/programs/hai/Pages/CaliforniaAntibiogramProject.aspx

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